

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529491

FILING DATE

04 AUG 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6			1			
7				1		
8				2		
9				1		
10				2		
11				2		
12				2		
13			1			
14				1		
15				2		
16				2		
17				2		
18				2		
19			1			
20				1		
21				2		
22			1			
23				1		
24				1		
25				1		
26				1		
27			1			
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
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36				1		
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39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	84	←		←
TOTAL CLAIMS			90			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						